The Canadian Nurse

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STAFFING WITH GRADUATE NURSES

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The purpose of this article is to describe the administration of the nursing service in the Western Division of The Montreal General Hospital. This relatively large unit is now staffed exclusively by graduate nurses but, before this type of service could be offered to the public, a long and difficult period of re-organization had to be faced. By way of introduction, therefore, it is necessary to outline the successive events which led up to the adoption of our present policy.

Fusion

On January 1, 1924, an amalgamation of The Montreal General Hospital with the Western Hospital of Montreal was decided upon. The Western was, at that time, a general hospital of about one hundred beds with an active out-patient department. This hospital had conducted a school of nursing but, in view of the amalgamation, it was thought best to merge it into the School of Nursing of The Montreal General Hospital.

In an undertaking of this kind one can readily picture the many difficulties, associated with tradition and sentiment, which presented themselves. The late Miss Sarah E. Young was at that time superintendent of nurses in The Montreal General Hospital, while Miss Jane Craig held a similar position at the Western Hospital. Thanks to their wisdom, patience and tact, the delicate task of fusion was brought to a successful conclusion.

At the conclusion of an extensive building programme, the former Western Hospital, now known as the Western Division of the Montreal General Hospital, comprises the following units:

1. A private patient pavilion with an ultimate capacity of eight floors, each accommodating twenty-five patients. Four of these floors are already in operation.

2. The original Western Hospital buildings now used as: (a) two public wards (for men and women), each having a bed capacity of twenty-seven; (b) a children's ward, having ten beds; (c) an active out-patient service with a total of 71,777 consultations in 1934.

This addition to the existing services of the Central Division naturally implied a larger nursing staff and the question then arose as to the wisdom or otherwise of increasing the enrolment of the school of nursing of The Montreal General Hospital in order to meet the demand. After careful deliberation it was decided not to do so because, by 1932, unemployment, especially among the recent graduates, had become acute. In April of that year we therefore instituted the policy of gradually withdrawing our students from the Western Division and substituting graduate nurses on general duty.

The "Interne" Course

At this point it should be mentioned that, in October 1932, we organized what was termed an "interne course." This course, with certain modifications, is still given and consists of a four months' period of clinical experience in

any of the following nursing services: medicine, surgery, gynecology, eye, ear, nose and throat; urology. Graduate nurses taking these courses are given full maintenance and laundry together with an allowance of $20.00 per month. Their hours of duty are the same as those of the student nurses and they are expected to be in the residence by midnight unless special leave has been granted. They wear the uniform of the school, and its medal, and are thus distinguished from the permanent graduate staff (who wear white) and from the students. They are permitted to attend any lectures they wish and are required to prepare two complete case studies based on their experience during the course.

This interne course was not planned as a true postgraduate course but was really an emergency measure, intended to give employment to newly graduated nurses who might otherwise have glutted the crowded waiting lists of the private duty registries. It gave the young nurse a chance to look about for possible openings and meanwhile, to maintain herself while building up her experience in a selected service.

In the end it did much more because, quite early in the experiment, its relation to the situation at the Western Division became apparent: these nurses were prepared for the work of the general duty nurse and from among them were selected the future general duty staff nurses of the Western Division. These nurses fully understand that in order to be employed on the regular staff they must give satisfaction during this probationary period. I would like to add that unemployment among the graduates of The Montreal General Hospital has been considerably lessened through the carrying out of this scheme. Selection is made according to seniority, combined with ability for administration, the latter quality taking precedence.

Organization and Supervision

The director of nursing service at the Western, her assistants and the charge nurses were carefully chosen from among the best qualified graduates of the schools of nursing of The Montreal General Hospital and of the former Western Hospital. All are experienced nurses who have demonstrated their fitness for the positions they hold.

Some time previous to the opening, a great deal of time and thought were given to the planning of the staff, the policy being to give to the public, modern private accommodation at a moderate cost, with adequate graduate nursing service. The following ratio for a typical floor of twenty-five beds was eventually worked out and carried through:

1 charge nurse,
8 general duty nurses (6 day and 2 night),
2 floats (1 day and 1 night),
2 orderlies (1 day and 1 night),
3 maids for day duty.

It was taken into consideration that a certain percentage of patients would always have their own special nurses and, should this condition predominate more on one floor than another, then the staff could be adjusted to meet the situation since all floors are similar and all equipment identical.

The Eight-Hour Day

In planning for a graduate nursing staff it soon became evident that the provision of a night staff and of relief in the daytime would present certain difficulties. It was therefore decided to adopt a modified eight-hour day. Another advantage of this plan is that it materially reduced the twelve-hour period of night duty so much disliked by general duty nurses. Furthermore, it made it easier to place on night duty, nurses who knew the patients and their needs.

The nursing staff of a typical private floor of twenty-five beds is now arranged as follows:

Charge nurse: on duty from 7 a.m. to 7

p.m. with two hours off daily, one full day off per week and a half-day on Sundays.

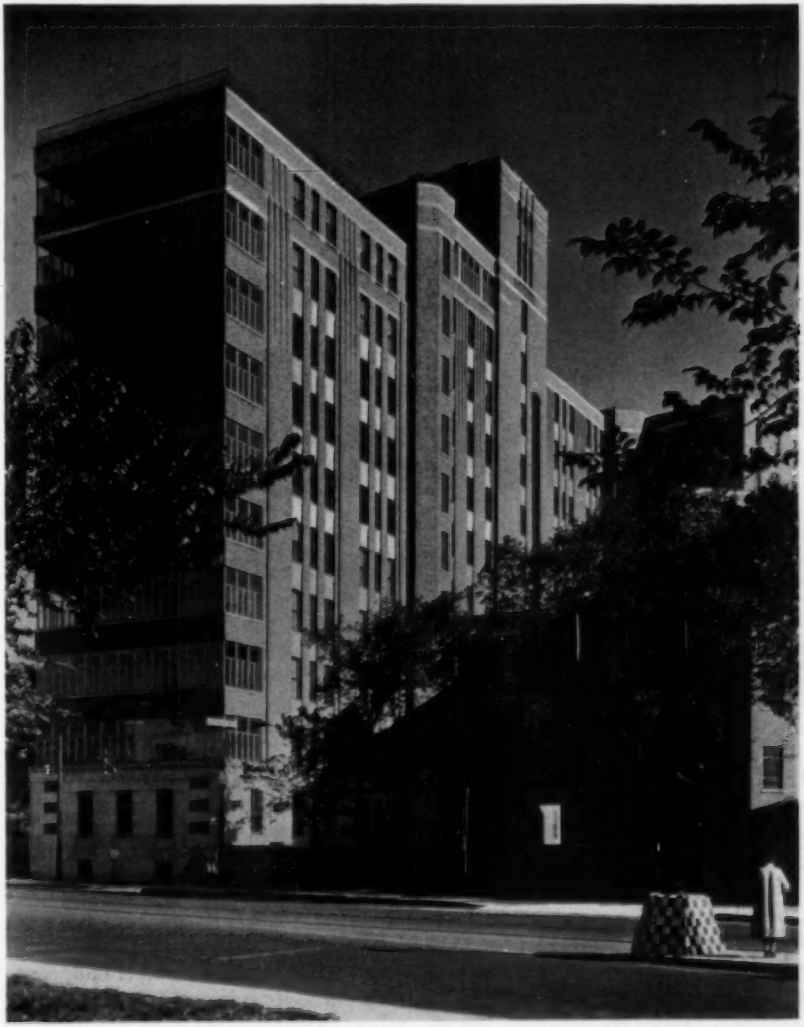
Deputy charge nurse: on duty at 7 a.m. for an eight-hour day. Her hours of duty are "broken" to suit the exigencies of the ward. She is granted a full day off duty each fortnight.

General duty nurse: specially assigned to the ward kitchen who comes on eight-hour duty at 7 a.m., has "broken" hours and is granted a full day off each fortnight.

Three general duty nurses: these are on duty from 8 a.m. to 4 p.m. with one full day off each fortnight.

Two general duty nurses: these are on duty from 4 p.m. to 12 p.m. with one full day off each fortnight.

One general duty nurse: on duty from 12 p.m. to 8 a.m. with one full day off each fortnight.



THE WESTERN DIVISION OF THE MONTREAL GENERAL HOSPITAL

The auxiliary and domestic staff in each unit is as follows:

One ward aide, who is on duty 7 a.m. to 6 p.m.

One day orderly, who is on duty from 7 a.m. to 7 p.m.

One night orderly, who is on duty from 7 p.m. to 7 a.m.

Two maids, who are on duty from 7 a.m. to 6 p.m.

In order to meet emergencies, a general duty nurse is detailed specially for relief and replaces the nurses who are off duty for a full day. One day nurse and one night nurse also act as "floats" between two floors. When the work is exceptionally heavy it is also possible to obtain temporary assistance from the staff assigned to the operating room or the out-patient department.

Rotation

The hours in which general duty nurses are assigned to duty are rotated as follows:

For six weeks: on duty from 8 a.m. to 4 p.m.

For two weeks: on duty from 4 p.m. to 12 p.m.

For two weeks: on duty from 12 p.m. to 8 a.m.

Specific Duties

The charge nurse, or Sister, as we call her, is responsible for the administration of her ward and for the care of the patients. She makes rounds with the attending physicians. She directs the nursing staff and assigns the patients for whom they are to care. The deputy charge nurse is responsible for these duties in her absence.

The duties of the general duty nurse who is assigned to duty in the ward kitchen are worth noting. She is responsible for the service of all meals and special diets and for the care and upkeep of the equipment, of the trays and of the kitchen itself. The patients who are on general ward care are served first and, during this time, the special nurses go to the staff dining-room for their own meals. Upon their return, the ward kitchen is free for their use and they serve their patients with the assistance of the "kitchen" general duty nurse. This method has greatly facilitated the food service.

The remaining staff are assigned to the general nursing care of the patients. Within certain limitations, each nurse, on day duty, has her own patients and cares for them continuously throughout their stay.

As a general rule all members of the nursing staff are graduates of our own school and are therefore familiar with our administrative routine and our nursing methods. If, at any time it is found necessary to engage nurses from other schools they are assigned to one of the public wards under the supervision of the charge nurse.

Comparative Costs

A great many factors must be taken into consideration when comparative costs are under discussion. Conditions vary widely in different institutions and what is true in this hospital might not apply elsewhere. So far as we are concerned the question of housing has been a determining factor. If we had staffed the Western Division with student nurses it would have meant increased capital expenditure for the purpose of enlarging the residence, for it must be remembered that housing must be provided for students during their preparatory period when they give little or no service on the wards. The resulting tie-up of capital and the increase of overhead charges for maintenance are important points which are too frequently overlooked when comparative costs are being analyzed. There would also have been added expense for teaching and supervising additional students.

Advantages

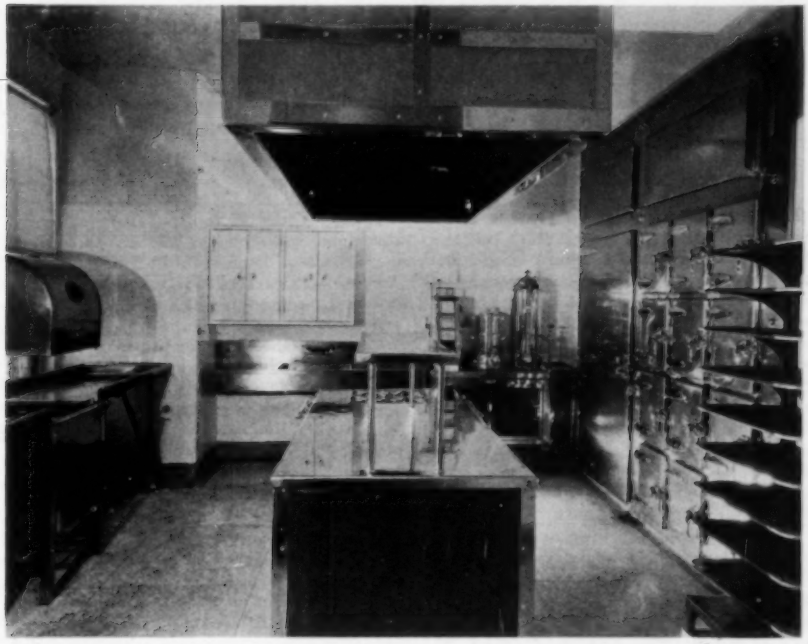
We have been fortunate in that the Western Division is a separate unit, complete in itself and quite apart from the Central Division. There is therefore no conflict in the organization and discipline

of the graduate staff and the school of nursing nor do the students miss the valuable experience of caring for private patients since, at the Central Division, we have accommodation for sixty-five patients of this class.

It is already apparent that the service given by our graduate nurses appeals immensely to the public. We have found that the patients appreciate the fact that they are receiving skilled care instead of the unknown quantity bestowed by different grades of student nurses.

The medical staff particularly like the stability of the nursing service which is free from the incessant changing which is inevitable when students have to be moved from one ward to another in order that they may obtain the necessary experience.

From the point of view of the young graduate nurse, the experiment has worked out well. She has been given interesting and steady employment, excellent working conditions, reasonable working hours, good housing and maintenance and a relatively small but certain income. The alternative, during the past four years, would probably have been a dreary wait for the few calls which might come from the registry. Furthermore, if she displays initiative and ability she is eligible for promotion to senior positions; from the hospital point of view, the whole experiment has proven most valuable in that it makes this selective process possible.



A Ward Kitchen on a Private Floor.

To the right are the individual refrigerators, one for each room; the key to each is kept by the nurse in charge of the patient. Note the electric hot water urn and coffee percolator. The combined dish washer and sterilizer is shown to the left. The steam table is canopied to ensure proper ventilation.

A Broader View

There are, however, other and even more important benefits, affecting the nursing profession as a whole, which have come about as a direct result of this new policy. Instead of adding to the output of graduate nurses during these difficult years by increasing the enrolment of our school of nursing, we have created employment for those who otherwise would have been obliged to enter an overcrowded and highly competitive field. I also consider it to be a great factor in the education of the public concerning its responsbility to nurses and nursing that a Board of Directors should be willing to try out the difficult experiment of staffing a complete unit with graduate nurses.

AN HONOUR FOR CANADA

In the October issue of the *Journal*, under the caption of "Notes from the National Office", will be found a report of the proceedings at the second ordinary meeting of The Florence Nightingale Memorial Foundation which took place in London last July. In the text of this report the following statement appears: "It has been decided to take preliminary action by having a study made of the facilities for nursing education now existing in London. A committee of four is to make this study, three of whom shall be residents of London, and the fourth, who will direct the study, shall be a nurse from some other country."

A distinguished Canadian nurse, Miss E. Kathleen Russell, director of the School of Nursing of the University of Toronto, has been chosen to guide this highly important piece of work and with her will be associated three English experts: Professor Beatrice Edgell, Ph.D., until recently professor of psychology at Bedford College for Women, University of London; Miss M. A. Gullan, Sister Tutor in St. Thomas's Hospital, London; Miss Helen Dey, Matron and Superintendent of Nurses, St. Bartholomew's Hospital, London.

Canadian nurses have cause for special pleasure and pride in Miss Russell's appointment, for she possesses unusual qualifications for this exacting piece of work. Miss Russell holds the degrees of Bachelor of Arts from The University of King's College and Bachelor of Pedagogy from the University of Toronto. She is a graduate of the School of Nursing of the Toronto General Hospital and, from its beginning, has been director of the School of Nursing of the University of Toronto. This school is an unique experiment in nursing education which she has organized and directed with wisdom, foresight and skill; her administrative and educational policies are being watched with keen interest by educators in all parts of the world, for it is already apparent that they will exert considerable influence on future plans for the education of nurses. To have successfully guided the first years of such a difficult undertaking is in itself a full preparation for this new task, but in addition to her professional and academic qualifications, Miss Russell also possesses a temper of mind and a philosophic approach which will render her invaluable. The distinguished women who are to be her colleagues are well known to many Canadian nurses and especially to those who have attended the courses at Bedford College. The nurses of the world may confidently expect that the foundation, upon which the Nightingale International Memorial is to be built, will be well and truly laid.

The Board of Governors of the University of Toronto has granted Miss Russell leave of absence for three months and she will sail for England early in February. She takes with her the good wishes of all Canadian nurses; we are proud of her, and we are confident that she will amply fulfil the high expectations of the authorities of the Nightingale Memorial Foundation who have so wisely chosen her.

THE EDITOR'S DESK

Showing the Way

The article to which we give pride of place in the first issue of the *Journal* for the New Year is "Staffing With Graduate Nurses," written by Miss Mabel Holt, superintendent of nurses and principal of the School of Nursing of The Montreal General Hospital. It describes a most important experiment in staffing, exclusively with graduate nurses, an entire division of a large general hospital. Miss Holt first outlines the factors which led to the adoption of the new plan and then describes the admirable administrative policies which have been worked out in order to put it into operation. Viewed simply as a study in effective nursing administration this article has definite value, but its implications go much deeper than that.

Here is proof that the authorities of one of the oldest and best of Canadian hospitals have had the foresight and courage to seek a more excellent way. The easy and obvious solution would have been to increase the enrolment of the School of Nursing; the awkward fact that there was already severe unemployment among the graduates of the School could have been conveniently ignored. To their lasting credit be it said, the Board of Governors of the Hospital weighed carefully the issues placed before them by the medical superintendent and by the superintendent of nurses, and decided in favour of a policy which, only too often, has been thrust aside as unworkable without thorough investigation of its possibilities.

This decision, coming from men who are authorities in the financial world, ought to put courage into the hearts and steel into the backbones of nurse administrators who have ventured to advocate this policy even in the face of powerful though sometimes unreasoning opposition.

A second aspect of Miss Holt's article which merits equally careful study is her description of the working out of the eight-hour day. Sufficient detail is given to make the plan perfectly clear and it is significant that the provision of relief is simplified, to some extent at least, by adopting this system. The use of ward aides has been found to be satisfactory and to them are assigned the routine household duties on which student nurses sometimes waste time which ought to be put to more profitable use.

A graduate service such as this has yet another value: it tests out aptitudes and ability for administrative work and thus permits the selection of a permanent staff from among young nurses who have proven their capacity in actual practice. The potentialities for staff education are, as yet, relatively undeveloped but as time goes on much may be confidently expected.

It would be absurd to claim that this plan for nursing service would be equally applicable in every hospital situation; some of the factors which have made for its success in this particular instance might be totally lacking elsewhere. One stubborn fact, however, cannot be denied: given able direction, loyal support, and suitable physical environment, a graduate nursing service can be carried on at a cost not greatly exceeding that of student service. Now that it has been shown that there are other and better methods of staffing hospitals than by student nurses, the tide of battle will turn. When it can be proved (and it will be) that student service does not always pay in terms of dollars and cents, the victory will be won. We need a few more large scale experiments such as that which is now being worked out with courage, patience, and skill at the Western Division of The Montreal General Hospital.

Readers' Guide

The terrible toll taken by cancer is a matter for increasing concern. In his excellent article, "The Control of Cancer," Dr. E. E. Shepley, radiotherapist of the

Saskatchewan Cancer Clinic, states the problem and indicates the nurse's share in solving it. △ Miss Elizabeth Story, in "The Mothercraft Training Society," gives a vivid account of an interesting experience. Some of the work done by the Society, particularly in relation to the re-establishment of lactation, might well be emulated here. △ In "How you may best serve today" Dr. John R. Parry, of Hamilton, offers some thoughtful advice to private duty nurses. Incidentally he expresses some extremely sound views on schools of nursing and their educational policies.

Correspondence

From Korea

The five Korean girls who entered our school in the spring were all capped as well as accepted and are doing well in their work and studies. Our hospital work is steadily growing and the building fast becoming inadequate for our needs. We have divided rooms to make two out of one, here and there, all over the hospital but it is impossible to do so any more, and we are badly cramped for space. I wish you could see me trying to demonstrate treatments in a little room about seven feet by four. One of this year's graduates worked with us a few months and then was married, to a man whom she hardly knew, having seen him only a few times when she married him. It was all arranged by his people and hers, with the young folks' consent it is true, but is that not a strange way to choose a partner for life? They are apparently very happy, and have called on me a number of times. I am sure she will make a better wife because of her nurse's training. The best of my student nurses was married the same day. She went home for her holiday and did not return, and the next thing I knew I received an invitation to her wedding. Hitherto I had kept an eye on the young men patients, but I see now I shall have to watch the old ones too. I wish she could have stayed until graduation, as she might as well have done, for the young husband is still away in Seoul pursuing his studies. Obviously it was a case of getting a daughter-in-law rather than a wife.

Just at present the dormitory yard is humming with people for this is pickling time. Korean pickle or "kimchee" is made from cabbage, turnips, small onions, red peppers, salt and a few other things. It must be made at the proper season of the year or it will not taste good, and the right time seems to be just when it is cold enough to freeze the fingers of the people who are doing the work. The procedure is something like this: The cabbage is cut in quarters, lengthwise, and soaked in brine for forty-eight hours. The turnips are cut in long slices and they and the cabbage are plastered with so much red pepper that it usually brings the tears to my eyes if I go near while it is being done. The other things, such as small fishes, nuts and salt are then added and it is all packed tightly in huge crocks and buried in the earth until it ripens, the longer the better. It then has a very pungent odor which most foreigners dislike, and a characteristic taste, which I for one am very fond of. No Korean meal is complete without kimchee; three hundred and sixty-five days of the year, three times a day this delicacy is served, so you can imagine the enormous quantities that are consumed. Our dormitory matron and her flock of helpers have to prepare enough, not only for the seventeen people in the dormitory but for an average of thirty patients a day. Last year the number of cabbages we used was two thousand, but that proved to be insufficient, so this year we are preparing twice that amount, and about half that number of turnips. Can you imagine that: four thousand cabbages and two thousand turnips?

ADA SANDELL,
Hamheung, Korea.

[Miss Sandell is a graduate of the School of Nursing of the Public Hospital, Lamont, Alta., and is serving her second term at the Canadian Mission. She is now convalescing after an attack of typhus.—*Editor.*]

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THE CONTROL OF CANCER

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The twenty-fifth anniversary of King George's accession to the Throne marked an occasion of great national rejoicing. In that His Majesty has ever evidenced the greatest consideration and the most tender solicitude for the welfare of his people, Canadians have thought it appropriate to commemorate this great occasion and all that it symbolizes by the initiation of the King's Silver Jubilee Fund for the control of cancer in Canada. It is to be hoped that a large foundation fund will thus be set up and that a truly great and practical contribution to the control of malignancy will thus have been initiated.

To no other class in the community is a greater opportunity given than to the nursing profession, in lending active assistance in this most pressing necessity. That cancer is yearly exacting an increasing toll of human life throughout the civilized world is well recognized. The actual extent of its ravages is not generally appreciated and one finds, even in the profession, a very nebulous conception of the total picture. Vital statistics bear eloquent testimony as to the extent of this terrible plague and also the disaster that it increasingly brings into the lives and homes of modern civilization.

Relative Mortality

In recent years the death-rate, due to cancer, has constantly continued to rise. In 1921, it was 72.2 per 100,000. In 1932, eleven years later, we find a rate of 95 and this figure represents 10,014 cancer deaths in that year. Inasmuch as the annual cancer incidence is practically always three times that of the total yearly deaths, most certainly in the present year over 30,000 Canadians will have been afflicted and more than one-third of this number will have died a cancer death. So prevalent is malignancy in Canada at the present time that one of every thirteen born is foredoomed to die a cancer death. At age thirty, one out of every eight is destined to die of malignancy.

In a study of the more common causes of death, it is of practical importance to observe that cancer stands second only to diseases of the heart as the most ruthless destroyer of human life, and also that its ravages exceed that of all infectious diseases, if we except pulmonary tuberculosis. This observation is of interest when we recall the tremendous effort that has so long been expended on an attempt to control those diseases. In marked contrast we find that cancer has received but scant attention. Certainly no thoroughly conceived, adequately organized or effectively executed plan has ever been advanced in an endeavour to strike directly at the fundamentals.

In 1921 the rate for cancer was 39 and that of tuberculosis 43. Eleven years later, in 1932, we find that the cancer rate has arisen to 61 and that of tuberculosis has dropped to 29. This latter figure is a record of genuine accomplishment, and portrays the result of a well conceived and adequately implemented plan of attack. With little or no method in dealing with the cancer problem during a similar period the figures consistently portray the results that are inevitably to be expected. We do well to recall that while the tuberculosis situation has been well fortified because of splendid provision for educational and treatment facilities, in the case of cancer very little has been

(Excerpts from an address delivered at the annual meeting of the Saskatchewan Registered Nurses Association. Publication is made possible by the courtesy of the Saskatoon City Hospital.)

done. We have permitted the development of misconception, pessimistic viewpoints and fatalistic attitudes, a situation which is not only detrimental, but one that will not readily be overcome.

Incidence as to Site

The incidence of cancer as to site in various systems, is seen in the accompanying table quoted from Canadian Vital Statistics for 1932:

System affected	*Total deaths*
Digestive system	5,438
Female genital organs	1,004
Female breast	962
Male genital organs	683
Buccal cavity	483
Respiratory organs	338
Skin	201
Female urinary organs	152
All other sites	783
	10,014

The Time Factor

Innumerable theories have been advanced to explain the origin of cancer, but so far we have no explanation that reveals the whole truth. We find focused on the subject from countless angles the strong searchlight of scientific research and we are learning more and more about how best to deal with it. In abnormal anxiety in relation to specific causation and specific treatment, an undesirable element of misdirection is to be found, inasmuch as this lessens our interest in present therapeutic procedures, and the distinct advantages they afford. In tuberculosis, while we have long known the specific cause, this fact has not materially assisted our therapeutic endeavours, and still we successfully treat the patient. In all probability the same situation will long continue to characterize the field of cancer therapy and we must learn to focus our attention upon what can be done, and how increasingly favorable results are to be secured by practising the basic principles which should be obvious to all.

Cancer, at its inception, is always a local disease and not infrequently lends itself to complete removal or destruction. It is in the recognition of this principle that we derive direction for our present methods of therapeutic attack. In many cancer sites, potential accomplishment, in the presence of efficient therapeutic procedures, is high. It is now well established that in early cancer of the breast, efficiently treated, that at least a 70 per cent curability should obtain. This represents *potential accomplishment*. On the other hand, under our present promiscuous system of diagnosis and treatment, less than 20 per cent of breast cancers are cured; this represents *average accomplishment*. For practical purposes, it may be stated that the same discrepancy, that which has been seen to obtain between actual and potential accomplishment in the case of breast cancer, also characterizes the whole field.

One of the most distressing features is the regular advent of cases with a late diagnosis. It seems to be a universal experience that of all cases presenting for treatment, quite seventy-five per cent come too late and hope of cure is minimal. A review of the reasons that patients give when they come in with a late diagnosis is instructive. Recently, two hundred late cases of cancer were closely questioned by us and four hundred and thirteen explanations were given. The explanations are usually multiple and are as follows:

"It has never given me any pain"	7.70%
"I didn't think it was serious"	15.50%
"I have long intended having the condition examined, but have just kept putting it off"	6.05%
"I felt I couldn't afford to have it attended to"	9.44%
"I didn't know anything was wrong"	6.30%
"I thought the condition was just natural"	10.50%
"I was afraid of an operation"	5.80%
"I was afraid it might be cancer"	6.50%
"I never thought of cancer"	5.30%
"I have been previously advised that nothing was wrong"	6.50%
"I have been trying various treatments, thinking it would get better"	4.80%

"I though it was just (indigestion, piles, constipation or some such commonplace diagnosis)" 16.90%

In analysing these answers, it is apparent that ignorance is the patient's greatest enemy. Fear, procrastination and misdirection similarly make a contribution to the unfortunate terminal picture which is so frequently seen. That this catastrophic situation could readily be improved upon is obvious.

Not infrequently the cancer site is such that the patient has no reason to suspect that he has cancer. Approximately fifty per cent of the total cancer incidence is within the abdominal cavity and there is absolutely no clinical history or findings that point definitely to malignancy in these situations in the early local states; a few ordinary symptoms are all that are likely to be noted. At or past mid-life, a story of indigestion, constipation, flatulence, diarrhoea, hæmorrhoids, blood or mucus in the stools is quite commonly the only evidence that points to abnormality. It is perfectly true, as a later development, that pain, loss of weight and strength, the development of anemia and cachexia, or the appearance of a palpable tumour may become manifest, but by this time the diagnosis is late, and the outlook has become distinctly bad. None of these symptoms are to be found in early malignancy.

Danger Signals

How, then, are we to secure early diagnosis? There is but one answer. At or after mid-life, the cancer age, the presence or the persistence of any unnatural abdominal symptom demands adequate examination and full explanation. McCarthy, of the Mayo Clinic, has recently stated that "our sole hope entirely depends upon timely and expert X-ray examinations. We need to constantly recall that a 'picture of the abdomen' does not constitute an expert examination and may lead to grave error and misdirection."

Failing to recognize the potential seriousness that so frequently characterizes commonplace symptoms is one of the greatest impediments to progress. A lump in the breast, however small, after age thirty, always justifies expert examination. Any departure from normal menstruation or the recurrence of menstruation after cessation, is a danger sign and a definite warning that cancer may be a factor. A showing of blood in the urine or even frequent urination, may be the one and only early symptom of cancer in the urinary tract. If there is pain in association with this finding, the suspicion becomes intensified. Unexplained or persistent pain in any part of the body is always suspicious. Any abnormal gland or swelling, wherever found, is always worthy of study. Similarly, any sore on the skin, the lip, in the mouth or throat, or anywhere else in the body, that does not promptly disappear under simple care should always be viewed as a potential cancer and carefully investigated. In many cases a microscopical study will be required and here a note of warning seems essential. The promiscuous removal of tissue for study is a dangerous measure and should never become a routine procedure.

In the public mind we must definitely implant the conception that only in early and efficient treatment is there hope. In secret or advertised "remedies" there is nothing but quackery and deception and they have long led to misdirection by falsely stimulating hope. In that the primary attack is likely to decide the issue, the importance that attaches to it becomes manifest. It follows that the initiation of ideal treatment, and nothing less, can legitimately be considered and that only intensively experienced men can be considered competent to make these life and death decisions. In that the vast majority of medical men see only the occasional cancer case, they are the first to acknowledge that these decisions are beyond their sphere of legitimate activity.

It is important that the graduate nurse

should be familiar with all these considerations. In the course of her professional career, or perhaps later in the retirement of private life, she will be asked for information, and in her reply there should be no hesitancy, doubt or uncertainty. Because of her training, her intimate contact with the medical profession and the peculiar opportunity of contact with disease that has been afforded her, it is expected that she should know the answers. Because of the high regard in which the nursing profession is held; because of the confidential nature of her work; because of her sympathy, understanding and tact, the timid patient, filled with fear and foreboding, may be expected to turn to her for preliminary information and advice. That a nurse should be guilty of giving misdirection is little less than catastrophic and in this there is a definite suggestion that our nursing schools might, to decided advantage, adjust their curricula accordingly.

Gradually accumulating evidence would appear to suggest that the outlook in relation to cancer is brightening. Obviously, an intensive educational campaign must be carried on. Basic facts must become common knowledge; suspicious signs and symptoms must become definite danger signals which call for immediate action. This is work in which the nursing profession could play a tremendous part. In an efficient organization, could not nurses be trained effectively to teach the physiology of the female breast and the uterine functions? Similarly, in the whole field of cancer, there is much vital information that the nurse could assist in disseminating. In the rural districts, the nurse and the general practitioner mutually share a responsibility in this important undertaking, that of stimulating organization and disseminating practical knowledge. Time-tattered conceptions, relating to so-called ethical standards, have too long imposed upon the nursing profession certain ridiculous limitations which have unfairly circumscribed their legitimate sphere of activity. These might well be jettisoned along with other traditional impediments which retard progress.

The statistical fact that over 30,000 Canadians will have been afflicted with cancer during the present year, and that of this number well over 10,000 will die a cancer death, is, in itself, of such serious magnitude that one wonders why there should be any necessity for having to constantly stress the urgent need for efficient organization and well considered action in relation to public education. In an enlightened age, such necessity appears as little less than ironical.

The fact that every cancer victim faces certain death, unless adequate provision is made for early, accurate diagnosis and the very best therapeutic procedures that science, skill and experience can provide, proves the necessity for centralized cancer clinics. Surely this should occasion no surprise! Yet we find that these conceptions have not won universal acceptance. Active opposition to this, the only plan that can possibly provide a more favourable outlook for the victim of cancer, is still in evidence. Such reactionary views, however, cannot but increasingly attract merited condemnation.

Early diagnosis is a dependable sheet anchor in successful treatment; this, of necessity, includes the recognition and adequate treatment of all pre-malignant states. Can this be accomplished by other means than instituting periodic health examinations, and teaching the necessity of immediately seeking a consultation with the family doctor, whenever evidence of a questionable situation arises? Obviously, there is but one answer: until educational endeavour becomes effective in eliminating ignorance, indifference and all the distorted view points which constantly retard progress, cancer will continue to be a menace to the social and economic life of the nation.

Department of Nursing Education

THE MOTHERCRAFT TRAINING SOCIETY

ELIZABETH STORY, Staff Nurse, Victorian Order of Nurses, Montreal Branch, Montreal, P.Q.

The Mothercraft Training Society is, as its name implies, a teaching centre and has branches in many parts of the world. The first centre was founded in 1907 by Dr. Truby King (now Sir Frederick Truby King) in Dunedin, New Zealand. In London, the principal centre is situated at Cromwell House, in Highgate, a stately residence built at the time of Cromwell. Its beautifully carved staircase and panelled dining-room, constitutes the main building, and Elizabeth House, of more modern design, contains the nurses' home and quarters for resident mothers.

Cromwell House is a "dietetic hospital". admissions being made through the clinic, on a physician's recommendation. The Sisters, who are graduate nurses, hold daily clinics for well babies, brought at regular intervals for general inspection. Dr. R. Jewesbury, the honorary medical director, and two other physicians, conduct three morning clinics a week; they see all new cases showing dietetic or medical disturbance, and any others referred by the Sisters. The Sisters explain to each mother in turn the instructions given by the doctor, and write out all diets on specially printed forms. Children requiring surgical or medical treatment are referred to their family physician or to a hospital clinic. Histories of all new cases are taken, with emphasis on previous feeding, and if the baby has been weaned the reasons are noted. During clinic hours a box is placed on the Sister's desk for donations. This attracts a large number of people with means, who would not attend a child welfare centre, run on a charity basis.

Test Feeding

Test feeding clinics are held three times a week. Usually five or six mothers attend, who arrive with their babies before the ten o'clock feed, if four-hourly, or the twelve o'clock, if three-hourly, remaining for two feeds. The baby is first test weighed at each and an estimate is made of how much it sucks in twenty-four hours. Advice is given to the mother as regards over-feeding or under-feeding and she is taught the correct way of handling her baby while nursing and the management of her child at home. A demonstration is given in hot and cold sponging and massage of the breasts and manual expression.

Courses of Instruction

There are five different groups under instructions as residents of Cromwell House:

Graduate nurses,
Mothercraft nurses,
Certified midwives,
Mothers admitted for the purpose of re-establishment or adjustment of breast feeding,
Foster mothers.

A course of three to four months is offered to graduate nurses, usually six in number, two or three entering at a time. The requirement for admission is registration in the country from which they come. While I was there, England, South Africa, Southern Rhodesia and Canada were represented, and with us were two English nurses doing missionary work in China, and another engaged in district nursing in West Africa. Lecture courses were divided into monthly periods. Practical work is done in the nurseries, the milk kitchen, the department for resident mothers, and the out-patient department. Each nurse spends two weeks on night duty, and a week in the office studying correspondence and office methods. She does not personally conduct clinics, but

takes histories, fills in information slips for the doctors and Sisters and generally "listens in." On test feeding days, the student assists the Sister, helps the mother, takes charge of the baby, and teaches as much as possible.

The case history study method enables the nurse to correlate the theoretical with the practical side of her work in the nurseries. A "diet class" is held every morning attended by Matron, the nursing staff, and all nurses who have prepared case histories. All abnormal stools are examined, and suggestions for changes in diet or nursing care are made by the students and commented on by Matron, alterations being subject to her approval, as she has a free hand in the direction of these matters. The physician makes rounds three times weekly in the nurseries.

Two or three midwives, who are not nurses, receive a training which lasts for six months. Their responsibilities are less than those of graduate nurses but they attend the same lectures. During my course, one of these was a native African trained in England, and the other a Hindu with experience in her own country.

The main student body consists of the mothercraft nurses. These are educated girls, who, after a course of one year, receive a certificate as children's nurses. They have lectures in the rudiments of anatomy and physiology, personal hygiene, the care and feeding of the normal baby, and sewing. In the nurseries, they learn the practical work and are charged with keeping the wards tidy and the bathrooms clean; they also launder the babies' clothes. Each mothercraft nurse spends two weeks in charge of a convalescent baby from the nurseries, in a department set aside for this purpose. She sleeps in the same room with the baby, and her duties are those expected of her in the average home.

Six mothers are admitted at a time, as inmates and the length of their stay averages from two weeks to two months. It is a period of education for the mother, who follows a special daily routine. Unless the baby is very delicate or ill, she bathes it, changes it before and after feeds, and nurses it in her own room. The mothers have their meals in the same dining-room as the nurses and students, and everything is done to make them feel at home. There is a striking spirit of friendliness among these women.

As an integral part of the student body are five foster mothers who are unmarried mothers with normal breast-fed babies. They constitute part of the domestic staff and remain until their own babies have been weaned, or even longer. After nursing their own children they express the breast milk, for which they are paid, and which is used in the feeding of other infants. When off-duty they bathe their own babies.

Re-establishing Lactation

Breast feeding is encouraged, even though it be only partial. Dr. Jewesbury, in his book on mothercraft, lays considerable stress on its importance and notes only a few exceptions such as the following: when the mother suffers from active pulmonary tuberculosis, or other severe disease causing progressive loss of weight; when heart disease or a mental condition is present; in case of a second pregnancy. Breast feeding is impossible with babies who have hare-lip, cleft palate or facial paralysis. The psychological aspect of breast feeding is held to be of primary importance, and the encouragement of those who are in contact with the mother is required. She, on her part, must strictly adhere to routine and when breast feeding is established at birth and carried on under supervision, little trouble arises.

Re-establishment of lactation, as carried out at the Cromwell House, is an extremely interesting study and charts show that this has been accomplished even when the baby has been bottle fed

from birth to eight or ten weeks of age. It is a long process, requiring a strong impetus on the part of the mother, but she can usually be persuaded of its importance and becomes most co-operative when she sees her little one wasting away from malnutrition or maramus. Once the baby shows signs of progress and the weight curve rises, she is satisfied. Re-establishment may be carried out at home, but the more urgent cases are, if possible, admitted to Cromwell House. Here the mothers are given a plain nourishing diet and take plenty of outdoor exercise. Twice a day they have breast-massage, preceded by hot and cold sponging of the breasts, and followed by breathing-exercises. At first, only a few drops are drawn from the breasts, but every minim is measured and given to the baby. As the milk comes in, the complementary food is proportionally decreased. Charts are kept, showing the amount sucked and expressed each day, and the complementary food given; this record is combined with the weight chart. Re-establishment may take from ten days to about five weeks, and even then may only be partial, but the mother is satisfied. Women having insufficient breast milk, with babies sufering as a result, follow a similar régime.

Disorders of Lactation

Over-feeding, with symptoms of vomiting, colic and restlessness, is a common occurrence. The correct length of time for each nursing can usually be determined at the test feeding clinic but cases showing severe symptoms are admitted for a short period. Admissions are also made when there are indications of excessive fat in the breast milk, and a twenty-four hour specimen is taken. This condition is not a reason for weaning, and is usually only temporary. The protein may be raised by giving casein to the infant, who ordinarily adapts itself gradually to the high fat.

Affections of the breast are often met with, such as engorged breasts, breast abcesses, and sore or cracked nipples. These painful conditions often cause difficulty in nursing, but under treatment can be corrected or improved. In cases of flat or retracted nipples, the use of a rubber natural nursing nipple shield has been proved of great value. Delicate babies, who have not been nursed for some time, often have difficulty in sucking. They are put to the breast once a day, the time being gradually lengthened until the goal is reached: ten minutes on each side every four hours, with no night feed. Refusal to suck is met with among normal babies, previously bottle fed, as well as among the more delicate. Much patience is required, and often a struggle takes place. When laziness is at the root of the trouble, a mild form of starvation soon teaches the infant how to satisfy the instinct of hunger.

The rearing of premature infants is a study of its own, for they require careful supervision. Premature triplets, admitted with their mother, were discharged fully breast-fed. The mother expressed after each feed and nursed two babies together, every four hours, the third being given the expressed milk in a bottle. Rotation allowed each babe to be nursed in turn. Test weighing is an ordinary procedure for breast-fed infants at Cromwell House, but too much emphasis must not be placed on it, especially when the increase in the secretion of milk is slow, because the mother is liable to become over-anxious and discouraged. It is entirely omitted a few days before discharge. For partially breast-fed infants a complementary basis is worked out for use at home. The necessity of follow-up education at the clinic is impressed upon the mother.

Artificial Feeding

When artificial feeding has to be resorted to, the Society advocates a modified cow's milk mixture, as nearly as possible approximating human milk, with its percentage composition of sugar 7.0, fat 3.5 and protein 1.3. No hard and fast

rule can be applied, but a proper balance between sugar, fat and protein must be maintained. The protein ratio, that is the proportion which the calories of the protein bear to the calories of the fats and carbohydrates, is especially stressed. The theoretical caloric requirement of each child is calculated, and alters with age and weight. However, this requirement cannot always be fulfilled, because of digestive upset, or when the baby has been previously underfed, or for some other specific reason; the actual caloric value of the food may not be the same as that which is considered the normal requirement for a given baby. A caloric estimation of fuel value of each recipe is made, and its percentage composition is determined.

Orange juice is given to all artificially fed babies. Under six months, prune and spinach juices are used for medication. Solids are added slowly. At six months raisin pulp, spinach and lettuce pulp begin mixed feeding. At eight months the baby is given a crust ten minutes before three feeds. At nine months, soups, gravy, eggs and purées are added, and at eleven months, milk puddings and sieved baked apples.

Artificially fed babies are not admitted to Cromwell House after they are eight months old except under special circumstances. It is wonderful to watch the development of these puny and often rachitic infants into strong and healthy children, under proper dietary treatment. The parents are allowed to visit the babies, on Sunday afternoons, and, when they are convalescent, to handle them. The Sister explains the cause of their child's ill-health, and reasons for the treatment given. Mismanagement at home, despite a well-balanced diet, has often been at the root of the trouble.

Much to Learn

The three months spent at Cromwell House were a new experience, full and interesting. Study, working out of calories and keeping charts occupied the day, even when off duty. Classes were made most interesting by comparison of what is being done elsewhere for child welfare. The effort spent in encouraging breast-feeding and the re-establishment of lactation impressed me tremendously. Letters keep pouring in to Matron's office, acknowledging a debt of gratitude, with snapshots enclosed showing how sturdy the children have become. Mention is made of the fact that those born after the mother's contact with the M.T.S. are all breast-fed and thriving. In the nurseries I found a type of mal-nourished child, not seen in the hospital wards, whose ill-health could have been avoided by proper management at home. In the Clinics, where sound public health methods are applied, I realized the vital signicance of the motto of the Mothercraft Training Society: "Babies of the Empire."

Department of Private Duty Nursing

HOW YOU MAY BEST SERVE TODAY

JOHN R. PARRY, B.A., M.B., F.R.C.S.C., Hamilton, Ont.

I speak of nursing as being a profession because, in my opinion, it is, in the highest sense of the word. A profession has been defined as "an occupation which has a long-continued and rather definite preparation, represented usually by college and technical education, and which has developed a standard of good conduct, basing its work on the idea of service rather than on money." What other calling more completely fulfils the terms of this definition? If one adds to it the requirement that those entering this vocation have, in addition, suitable qualifications of personality and temperament, one has the ideal profession.

It is a notable fact that professions in general do not stand in the same relation to the public as they did, even twenty years ago. The one outstanding requirement of a profession, if it is to gain and hold the respect of the public, is that it be a learned calling. A generation ago, the gap between the general level of public education and that of the learned professions was considerable, and, as a rule, the members of the professions were learned in other lines than those which applied only to the particular professions. This gap has narrowed down considerably during recent years and this is mainly due to two factors. There has been a tremendous advance in the general level of public education, so much so, that public authorities are beginning to protest a little at the cost of it. There has also been an equally marked increase in the amount of technical education necessary for proficiency in any given profession which, at this stage of our development, militates against the acquisition of a sufficiently broad general education. The expert nurse, or physician or engineer, fails to impress herself or himself properly on the public, if his erudition on subjects other than those embraced in his technical education is not superior to that of the public. The psychological relationship between the profession and its public can be satisfactory only if there is a certain amount of so-called "hero-worship," and this is absent if, to mix metaphors, the clay feet of the idol are too apparent. In other words, the public expects of its professional citizens real and broad educational and cultural characteristics and not purely technical skill, such as a tradesman may easily develop. A profession, therefore, to hold the position to which it is entitled, must develop among its members a great deal more than mere technical skill.

(An address given at an open meeting of the private duty section of the Registered Nurses Association of Ontario.)

Theory and Practice

In the application of this principle to the nursing profession, consideration must be given to certain aspects of the period of training. As in all other callings, the temperamental suitability of the novitiate is a highly important factor. She should be possessed of the ability to adapt herself to all types of personality and she should, above all, have a sympathetic and understanding attitude toward human nature as such. This, of course, is developed by experience; but the course of development is ever so much easier if the right attitude is adopted in the beginning.

The better the preliminary education, the better will be the relationship between nurse and patient, and there is every justification for making entrance standards to training schools as high as those of other professions. The increasing amount of scientific training incorporated in the curricula of the better schools makes this necessary, and highly desirable. As to the

professional training itself, one hears the criticism that more time should be spent in the practice of nursing and less on lectures and scientific training. I can not agree with this opinion. It is true that the practical part of the training is highly important, but practice based on rule of thumb is a poor principle in any profession or even in a skilled trade. A working knowledge of the sciences underlying medicine and nursing makes a better educated and more intelligent nurse, and both physician and patient expect and demand intelligence of one who has spent three years in preparing to give a service which should be a great deal more than the so-called "practical nurse" can give.

Adjustment

Most of us will agree that, for the present at least, there is an over-supply of nurses. This condition is not peculiar to the nursing profession. All professions are apparently overcrowded, and yet it is probably true that there is always room for the well qualified graduate, assuming, of course, that entry into the profession is dictated by considerations of "basing one's work on the service idea rather than money." You will say, of course, that ideals may be all right for the future, but they do not relieve the immediate needs. This brings us to a consideration of the present difficult situation. The present depression is largely the result of lack of rapid adjustment. Business and prosperity depend on one thing: the maximum exchange of goods and services. Prices, which are nothing more than labels, would under ideal conditions fluctuate with the times. The physical needs and wants of a community are much the same in good times as in bad, and the capacity for rendering service varies but little. Yet in times like these, this exchange is halted, and so those with services to render in exchange for other services or goods find no customers, either because the one will not render his service at a price which the other will pay, or because the other will not part with his goods for the amount of service which the other is willing to render.

The lesson in this for all professions, and for the nursing profession as well, is that as far as possible the scale of remuneration must be kept in balance with the ability of the public to pay for it. Just as much nursing service is needed in depression times as in good times, but it has, like many other things, to be relinquished by the one who can not pay the price. Complete adjustment is, of course, impossible, because many of the factors which enter into the cost of living can not, or more probably will not, adjust themselves. In times like these, however, there must be a willingness on the part of nurses to accept all types of nursing employment, whether it be in the home of the well-to-do patient, the private ward of the hospital, the country village, or even on the farm. I have no doubt that such a willingness exists, and that the selectivity and specializing tendency, which was a feature of the late, lamented period of prosperity has already largely disappeared.

In my opinion, certain changes in our present system would exert a beneficial effect. As I said before, there is an over-supply of nurses, or an under-supply of employment. The maintenance of professional standards calls for standardization of the course of training, and some stiffening of the system of examinations at graduation. Numbers of small hospitals are operating training schools, with but limited facilities for the provision of a well-balanced course of training. The operation of a training school is not inexpensive, and it might well be that such institutions might find it economical to dispense with their schools and to employ graduate nurses. If the schools could be confined to those hospitals capable of giving a fully-rounded course in the science and art of nursing; if the remaining hospitals would employ graduate

nurses instead of using undergraduates; if the graduation standards were uniform, with examinations set by a central Board of Examiners, there would result a lowering of the number of graduates, more institutional employment, and a profession well prepared to give the service which the public and the physician have a right to expect. The problem of adjustment to changing economic conditions would then not be so likely to assume so formidable an aspect.

In conclusion, may I suggest that you, as a profession, face the future with equanimity and that you realize that the present difficult situation calls for adjustment in every possible way. As to the future, your aim must be to continually raise the standards of the profession so as to be always in advance of a constantly rising level of general education. If the output of graduates is reduced by the means suggested, and more institutional employment provided, there will undoubtedly result much improvement. It must never be forgotten, however, that yours is a humanitarian public service, which in the words of our definition must be "based on the service idea rather than on money".

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association.

With the coming of the New Year and the annual meetings of the various Associations, it is hoped that all nursing groups will keep in mind the national obligation for 1936, when preparing their budgets. If each will contribute a like sum to that given in 1935, we shall be able to send forward $1,250.00 for the Endowment Fund as well as awarding the scholarship for 1936-37. It has been gratifying to note the interest in, and enthusiasm for, the Memorial and the real personal pleasure that has been taken by graduate and undergraduate nurses in working for it. When one dips into history and realizes to what extent our great soldiers and sailors have been memorialized, is it any wonder that we, as nurses, should be eager to perpetuate the memory of a woman, who as a nurse, an educator, and a humanitarian, made such a contribution to our profession—a contribution of which each one of us is conscious and for which all are alike indebted?

Additional contributions to the Florence Nightingale Memorial Fund have been received as follows:

British Columbia	
Staff, Crippled Children's Hospital, Vancouver	$ 2.00
Staff, General Hospital, Fernie	1.50
Staff, Memorial Hospital, Mission	1.00
Staff, Royal Inland Hospital, Kamloops	10.00
Miss Rutherford, Salmon Arm	1.00
Staff, Matsqui-Sumas Hospital, Abbotsford	4.00
Staff, R. W. Large Memorial Hospital, Bella Bella	6.00
Sisters of St. Ann, Lourdes Hospital, Campbell River	5.00
Nova Scotia	
A.A. Victoria General Hospital, Halifax	5.00
Cape Breton and Victoria Counties Branch, R.N.A.N.S.	10.00
Ontario	
Graduate Nurses Association, St. Catharines	5.00
A.A. Mack Training School, St. Catharines	10.00
Quebec	
Overseas Nursing Sisters Association, Montreal Unit	10.00
Saskatchewan	
Graduate Nurses Association, Prince Albert	10.00

A FINE RECORD

After an unbroken and honorable professional career extending over thirty-five years, Mary Lydia Jacobs has retired from the position of superintendent of nurses at the Ontario Hospital, London. Miss Jacobs was born and

MARY LYDIA JACOBS

educated in England and is a graduate of the School of Nursing of the Victoria Hospital. In June, 1935, she took an active part in the ceremonies which marked the thirty-fifth anniversary of her School. She was the valedictorian of the first class to be graduated at the public ceremony and gives an amusing glimpse of the excitement which prevailed on this occasion: "The exercises were held in the evening, the graduates driving from the Hospital in one of Hueston's buses drawn by gray horses, *with two spotted coach dogs running behind*. The rain came down in torrents and leaked through the roof, making us apprehensive about the appearance of our stiffly starched aprons which we carefully folded across our laps so that they would not be creased."

Subsequently Miss Jocobs took a postgraduate course at the General Memorial Hospital in New York after which she was in charge of the gynecological department in the Philadelphia University Hospital. Later she was appointed superintendent of the Cobble Hill Hospital, Philadelphia, and after some special experience in tuberculosis work, became matron of the Queen Alexandra Sanatorium in London, Ont. In 1923, she assumed her duties as superintendent of nurses in the Ontario Hospital, London, and continued to act in this capacity until her retirement.

Miss Jacobs is a Member of the British College of Nurses and is keenly interested in the work of nursing organizations and was convener of the nursing education section of District 1, R.N.A.O. for four years. She also gave valuable service to the I.O.D.E. as Regent of the Isabel Hampton Chapter. In 1935 she was awarded the King's Jubilee Medal. The affection and respect in which she is held by her former staff and students was evidenced by the presentation made by them of a Westminster chime clock and a silver dish, upon the occasion of her retirement.

COMING EVENTS

Regina

At the request of the private duty section of the Regina branch of the Registered Nurses Association of Saskatchewan, a refresher course will be held on January 22, 23 and 24, in the class rooms of the Regina General Hospital and of the Regina Grey Nuns Hospital. This course is being planned by the nursing education section, assisted by representatives from all three sections. Further particulars may be obtained from the convener, Miss Kathleen Clearihue, Regina General Hospital.

Montreal

The annual meeting of the Association of Registered Nurses of the Province of Quebec will take place in the Ritz Carlton Hotel, Montreal, on January 28 and 29, 1936. Further details regarding the programme will be found under the caption of "Notes from the National Office."

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

International

In acknowledgment of the contribution for 1935, from the Canadian Nurses Association to the Endowment Fund of The Florence Nightingale International Foundation, the President, Miss Ruby M. Simpson, received the following letter of thanks on behalf of the Committee of Management of The Foundation from Dame Alicia Lloyd Still, President of the Foundation, and President of the International Council of Nurses:

> At the meeting of the Committee of Management of The Florence Nightingale International Foundation, which was held in London on October 11, we were informed of the recent generous gift of £250 from the Canadian Nurses Association to the Endowment Fund of The Foundation. The Committee has asked me to convey to you the grateful thanks of The Foundation for this further contribution. The fund now stands at approximately £2,500 and we very much hope that by July, 1936, we shall be able to report a very considerable increase.
>
> The future educational policy of The Foundation is so intimately bound up with this question of finance that our Education Committee finds it difficult to formulate definite plans until they have some assurance that the means will be forthcoming to carry them out. It is only by the active support of such national groups as your own that we can hope to achieve our ultimate aim of a £200,000 endowment. We are therefore particularly glad to have the evidence of the continued support of the Canadian Nurses Association.

Dominion Registration

A resolution adopted at the last General Meeting of the C.N.A. stated: "that Dominion Registration controlled by the C.N.A. is desirable." Further, it was recommended that the C.N.A. appoint the nucleus of a committee on Dominion Registration in one locality, and that each Provincial Association of Registered Nurses be asked to appoint a representative to the Committee. In September, 1934, the Committee was appointed and recently submitted the results of its study to the Executive Committee. Included in the report are the preliminary education, age, and professional requirements of candidates for Dominion Registration. Also, there is given in detail the results of the study on set-up, incorporation and financing of a Canadian Nurses Association Dominion Council. The report will be presented at the forthcoming General Meeting. In order that the Provincial Associations of Registered Nurses may have an opportunity to acquaint themselves with the content of the report they have been supplied with copies of the proposed plan as outlined by the Committee on Dominion Registration.

Quebec Association

The sixteenth annual meeting of the Association of Registered Nurses of the Province of Quebec is to be held in the Ritz Carlton Hotel, Montreal, on January 28 and 29, 1936. Special features of the programme include several interesting topics: Miss E. MacPherson Dickson, convener of the committee on Dominion Registration of the Canadian Nurses Association, with the approval of the Canadian Nurses Association President, will speak on Dominion Registration at a luncheon meeting on January 29. At the close of Miss Dickson's address, her paper will be delivered in French by a member of the Board of Managers of the A.R.N.P.Q. The function of a community nursing service bureau will be discussed and it is anticipated that discussion will be led by one who has had experience in this field. The medical social service department of a city hospital and its relationship to the community is to be demonstrated by the Social Service Group at a general session on January 28; this also will be bilingual and will include tours to the social service departments of several local hospitals.

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Cowper.

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Nursing Mental Diseases..... **$3.00**

Goostray & Karr
Applied Chemistry for Nurses..... **$3.00**

Jacks
Mother Marianne of Molokai..... **$2.40**

A Window at St Martins House

Lockwood & Newton
Principles and Practice of Surgical Nursing..... **$3.30**

Potter
Pediatric Treatment. **$6.00**

Swartz & Reilly
Diagnosis and Treatment of Skin Diseases **$4.20**

Smillie — Public Health Administration.....**$4.20**

Robinson & Kirk — Introduction to psychology.....**$3.00**

The Central Registry Graduate Nurses
Phone Garfield 0382
Registrar:
ROBENA BURNETT, Reg.N.
91 Balsam Ave., Hamilton, Ont.

THE
Manitoba Nurses' Central Directory
Phone 27 700
300 POWER BUILDING
Winnipeg, Man.

BLOODLESS PHLEBOTOMIST

An advance copy has been received of "The Bloodless Phlebotomist," Vol. VIII, No. 3, which is being mailed to every member of the medical and allied professions in Canada. This little journal, published by the Denver Chemical Manufacturing Company of New York, is replete with interesting articles and, while the purpose of the publication is to acquaint its medical readers with Antiphlogistine, nurses will find a number of items and illustrations which will excite their curiosity and interest. The little journal is well worth reading and 1,450,500 copies have been printed in ten languages and distributed to every nurse in the world with a known address, excepting in the countries of Russia, Latvia and Bulgaria. If you do not receive a copy write to the Denver Chemical Manufacturing Company, New York, who will place your name on their list. The journal will be supplied free of all charge.

"OVALTINE" COWS

At the recent Dairy Show at the Agricultural Hall, London, the "Ovaltine" Jersey Herd swept the board by winning first prize in all three classes. In addition the herd secured the much sought-after inspection prize for the animal giving the greatest quantity of milk, and also the reserve award—the only two awards given in this class. Every animal entered by the "Ovaltine" Dairy Farm secured a prize—a 100% success and a remarkable achievement which sets the seal on the record season which this famous herd has enjoyed. The total number of awards in 1935 at the principal agricultural shows is no less than 115.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month: In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

LETHBRIDGE: MARRIED: On September 28, 1935, Miss Marjorie Kennedy (W.G.H., 1933) to Mr. Ralph Erdman.

BRITISH COLUMBIA

VICTORIA: As decided at the annual meeting of the Registered Nurses Association of British Columbia, the usual autumn general meeting was not held, but the experiment of asking the Victoria Graduate Nurses Association to have an open meeting, when as many of the Council as possible would attend, was carried out. Miss H. Adams and Miss H. Smith, of the Harbour View Hospital, Seattle, had been invited to give papers but, owing to illness, Miss Adams was unable to be present and Miss Smith presented the foreword of the committee on standardization of schools of nursing in the United States, and spoke on some points of special interest. This was followed by informal addresses by Miss Fairley, president of the Registered Nurses Association of British Columbia, and Miss Randal. A large group of nurses attended, including senior students from the Provincial Royal Jubilee Hospital, in whose spacious reception room, in the Nurses Residence, the meeting was held. Affiliation and postgraduate courses were discussed with much interest and, following the meeting, refreshments were served. A Council meeting was held in the Residence the following morning.

VICTORIA: The meetings of the British Columbia Hospital Association, held during November, were well attended by nurses who found the programme most interesting. Dr. Malcolm T. McEachern, of the American College of Surgeons, and Dr. Harvey Agnew, secretary-treasurer of the Canadian Hospital Association, were luncheon speakers as well as entering into discussions. An address entitled "A review of progress in meeting problems of tuberculosis" was given by Dr. W. H. Hatfield. Dr. Arthur L. Crease of the Provincial Mental Hospital, Essondale, spoke on "Progress in the treatment of mental diseases." Provincial health insurance and round-table questions were considered at another session. In the nursing section, a paper on "Responsibility for providing nursing service to the public," prepared by Miss H. Adams, R.N., educational director, Harbor View Division, University of Washington School of Nursing, was, in her absence, read by Miss H. Smith, R.N., superintendent of nurses of the Harbor View Hospital, Seattle. Dr. Harvey Agnew and many of the nurses present followed up the various points in a very full discussion.

VICTORIA: ST. JOSEPH'S HOSPITAL: The following list includes the names of the officers of the Alumnae Association of the School of Nursing of St. Joseph's Hospital: Honorary president, Sister Mary Alfreda; honorary vice-president, Sister Mary Crepany; president, Mrs. J. H. Moore; first vice-president, Miss K. Gann; second vice-president, Miss H. Andrews; secretary, Miss E. Collins; corresponding secretary, Miss T. Locke; treasurer, Miss D. Nixon; councillors, Mrs. A. C. Sinclair, Mrs. F. M. Bryant, Mrs. W. H. Moore, Miss E. Devereaux.

VANCOUVER: The officers for 1935-1936 of the University of British Columbia Nurses Club, which is composed of graduates in nursing of the University of British Columbia and of nurses who have completed the postgraduate courses in the Department of Nursing of the University of British Columbia, are as follows: President, Miss Jane Johnstone; vice-president, Mrs. K. Robinson; secretary-treasurer, Mrs. J. Moscovich; corresponding secretary, Mrs. G. Moody; social convener, Mrs. E. Eades.

VANCOUVER: Owing to ill-health following an automobile accident when on a holiday in California, Miss K. Ethel Gray, has resigned the superintendency of the Kootenay Lake General Hospital, Nelson, B.C., and is at present in Victoria. Miss Vera Eidt, who has been acting superintendent for some time, has now been appointed superintendent in her place.

Miss G. Evans, provincial welfare worker, has been appointed to the Kamloops District. Miss E. Paulson, provincial welfare worker, has Cranbrook District for her territory.

Miss Jean MacKay has been appointed superintendent of nurses at Queen Victoria Hospital, Revelstoke, in place of Miss A. F. Mitchell, who has resigned.

Miss Mary Shand, resigned her position as superintendent of nurses of the King's Daughters Hospital, Duncan, and is now in charge of the Victorian Order of Nurses, Burnaby District. Miss Shand was in charge of a Victorian Order of Nurses District in Ontario for a number of years and recently returned to British Columbia.

Miss G. Kerr, until recently superintendent of Prince George General Hospital, Prince George, B.C., has resigned and accepted a

similar position at the Ladysmith General Hospital, Ladysmith, B.C.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held a meeting recently at which Miss Elsie McPhail read a paper on health insurance which had been prepared by Miss Ruby Evans. The guest speaker was Miss Dolly Hicks, who gave an interesting account of her work in China.

WINNIPEG: A general meeting of the Manitoba Association of Registered Nurses was held on Nov. 29 in Winnipeg. A discussion took place regarding the place of the Manitoba Nurses Central Directory in the community and was led by Miss E. Carruthers. At the recent annual tea of the Manitoba Institute for the Blind, the Manitoba Association of Registered Nurses convened a table under the supervision of Miss J. Roberts, social convener of the Association.

WINNIPEG: The Welfare Division of the Metropolitan Life Insurance Company held a two-day institute recently at St. Boniface Hospital, under the direction of Miss Alice Ahern. The Metropolitan nurses from different provinces met and lectures were given by Dr. W. F. Jackson, Deputy Minister of Health for Manitoba, Dr. W. M. Musgrove, assistant psychiatrist for Manitoba, Miss E. Russell, Miss A. E. Wells and Miss Mary Hiltz. The Metropolitan nurses gave demonstrations and papers and a demonstration of gastric suction was given by the staff nurses of St. Boniface Hospital. At the close of the Institute, Rev. Sister Superior of St. Boniface Hospital entertained those attending the meetings at high tea.

WINNIPEG GENERAL HOSPITAL: Mrs. H. G. Fraser (W.G.H.) was recently appointed superintendent at the Children's Home, succeeding Miss P. Ramsay, who had been superintendent for fifteen years and who has returned to Scotland. Miss Anna. F. de C. O'Grady (W.G.H., 1925) was recently appointed superintendent of the Queen Alexandra Solarium for crippled children, in Victoria, B.C.

MARRIED: On October 12, 1935, Miss Mildred Brownell (W.G.H., 1929) to Dr. F. H. Peterson.

MARRIED: On November 9, 1935, Miss Kathleen Chestnut (W.G.H.) to Mr. Raymond S. Wilson.

MARRIED: In September, 1935, Miss M. Kennedy (W.G.H., 1933) to Mr. Ralph Erdmann.

MARRIED: On October 24, 1935, Miss Maisie Yelland (W.G.H., 1929) to Mr. Horace Greenfield.

MISERCORDIA HOSPITAL, WINNIPEG: The Alumnae Association recently entertained at a successful chrysanthemum tea in aid of the Community Chest Fund.

ST. BONIFACE: The annual dance of St. Boniface Nurses Alumnae Association was held recently when the many guests were received by the president, Miss M. Meehan, and Miss M. Wilson, who convened the event.

NEW BRUNSWICK

SAINT JOHN: The private duty section of the N.B.A.R.N. recently held a meeting to discuss matters relating to the employment of nurses for general duty in institutions. At a recent meeting of the Saint John Chapter of the N.B.A.R.N. Dr. George Skinner gave an interesting lecture on "Glands."

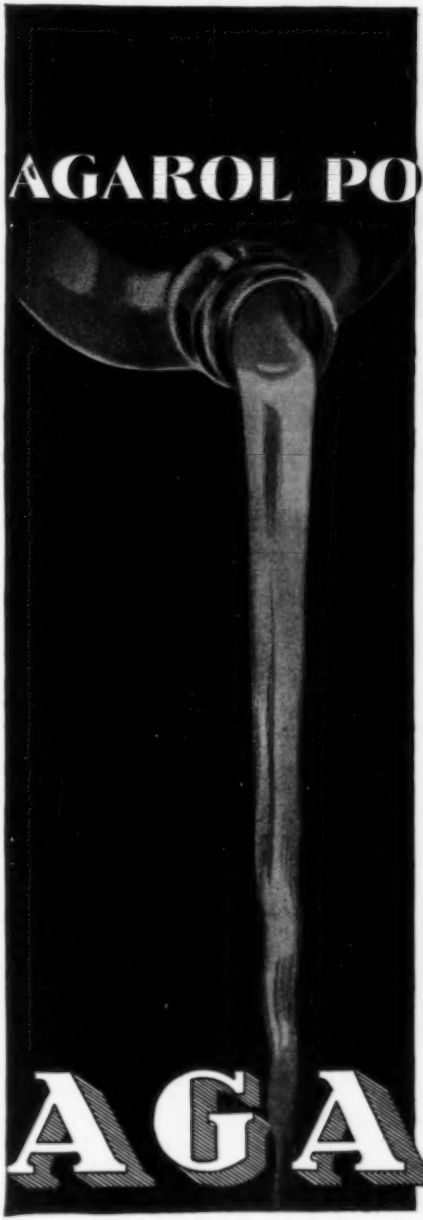
SAINT JOHN GENERAL HOSPITAL: The Alumnae Association held a theatre night, the proceeds to be used to give employment for nurses and to provide nursing care for public patients who otherwise would be unable to have special care. Miss O. Brundage and Miss H. Stephenson were joint hostesses at a shower given in honour of Miss Ruth Manning.

MARRIED: On November 26, 1935, Miss Ruth M. Manning (St.J.G.H., 1931) to the Rev. Victor M. Regan.

MARRIED: On November 26, 1935, Miss Clara Sabeau (St.J.G.H., 1929) to Dr. Peter J. Dowd.

ST. STEPHEN: The ball sponsored by the Local Chapter N.B.A.R.N. was a social and financial success. Miss Grace Moffat, superintendent of the Chipman Memorial Hospital, is spending her vacation in Montreal. Miss Hazel Darker has accepted the position of superintendent of the Maria F. Ganong Memorial Old Folks' Home. At a recent meeting of the Alumnae Association, the interesting article on "Lobectomy," which recently appeared in *The Canadian Nurse*, was read by Miss M. J. Dunbar, and discussion followed.

WOODSTOCK: The graduation exercises of the School of Nursing of the L. P. Fisher Memorial Hospital were held recently when Dr. N. P. Grant and the Rev. S. Grey delivered interesting addresses to the five graduates, after which the diplomas and pins were presented by the superintendent, Miss Tulloch, and Mayor Jones. The proficiency prize, presented by Mrs. Fields, president of the Ladies Hospital Aid, was won by Miss Fern Dashwood. A delightful dinner was tendered by the Alumnae Association to the class at which Mrs. F. Hanson presided. An address was given by Miss N. Sullivan.



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NOVA SCOTIA

AMHERST: Dr. F. R. Davis, Minister of Health for Nova Scotia, was guest speaker at the graduation exercises of Highland View Hospital, on November 14, when six nurses received diplomas.

ANTIGONISH: A meeting of the provincial executive committee of the R.N.A.N.S. was held at St. Martha's Hospital, on Nov. 29, with Mrs. C. Gillis presiding in the absence of the president, Miss Lenta Hall. Refreshments were served by the Sisters of St. Martha at the close of the business session.

HALIFAX: The graduation exercises of the Victoria General Hospital, Halifax, were held on Nov. 20 when twenty-two graduates and their friends were addressed by the Premier of Nova Scotia, the Hon. Angus L. Macdonald. The diplomas were presented by the Hon. F. R. Davis, M.D., Provincial Minister of Health. The St. Mary's gold medal, for highest aggregate in examinations was awarded to Miss Dorothy Gill, and the Alumnae Association prize for efficiency was won by Mrs. Myrtle MacPherson. A delightful dance was held at the conclusion of the exercises.

HALIFAX: Upon the occasion of her recent retirement Miss Gertrude MacKenzie, school nurse in the city of Halifax, was presented with a beautiful leather handbag by her associates of the school nursing staff and by members of the Board. She has had a career of singular interest and usefulness and came to her work exceptionally well-qualified: a graduate of the Royal Victoria Hospital, Montreal, with postgraduate courses in school nursing, taken in Cleveland, O., and in public health at Dalhousie University. Shortly after graduation, she went to England with a patient who was a niece of Sir Frederick Treves, physician to King Edward VII. Later she was twice sent abroad by Dr. Edward Cushing of Cleveland, to accompany patients seeking further treatment in European hospitals and at famous spas. Miss MacKenzie opened the Military Hospital at Rockhead in 1916 and, following the Halifax explosion, was in charge of the emergency hospital in Pine Hill College. She was the first public health nurse to be appointed to Pictou County, where she carried on four years of pioneer work. Returning to Halifax, she was appointed to the school nursing staff, filling this position with conspicuous success.

HALIFAX: Miss Katherine Grant has been appointed superintendent of nurses at the Nova Scotia Hospital, Dartmouth. Her assistant will be Miss Mae Boutilier. Miss Amy Holden, of Shelbourne, has been appointed to the staff of the Halifax Branch, V.O.N. Miss Hazel Harrison (V.G.H., 1931) has been appointed a supervisor at the Eastern King's Memorial Hospital, Wolfville. Miss Helen Harrison (V.G.H., 1931) is spending several months abroad visiting with friends in England and France.

WESTVILLE: A recent meeting of the Pictou County Branch, R.N.A.N.S., presided over by the president, Mrs. R. Enman, was addressed by Dr. H. Mackay, who gave the first of a series of lectures by the medical staff.

MARRIED: On Nov. 7, 1935, Miss Marion Benjamin (V.G.H., 1929) to Mr. Ernest F. Boudreau.

MARRIED: On Nov. 30, 1935, Miss Florence Cliff, to Mr. Charles Bennett.

MARRIED: Recently, Miss Katheryn Messenger (Montreal General Hospital, 1930) to Dr. Clarence Miller.

ONTARIO

DEPARTMENT OF HEALTH: Miss Ruby Cronk, a graduate of Course 2, in the School of Nursing of the University of Toronto, has been appointed public health nurse in Stratford to succeed Miss Loney.

DISTRICT 1

CHATHAM: The annual banquet of the Alumnae Association of the General Public Hospital took place recently and proved a delightful occasion, made happier by the presence of Mrs. Henry Conn, a member of the first graduating class, in 1895. Others seated at the head table with the president, Miss Annie Head, were Miss P. Campbell, Mrs. P. D. McGeachy, Miss J. Tinney, Miss A. Ross, Mrs. F. Stewart and Mrs. T. Smith. Greetings were conveyed by Miss Priscilla Campbell, superintendent of the hospital, who paid a glowing tribute to the splendid leadership of the Alumnae president. A summary of the activities of the Alumnae since its organization in 1921 was given by Miss Viola Dyer.

LONDON: The nursing staff of the Ontario Hospital, London, presented Miss Lois Kelly with an Italian lace tablecloth upon her resigning to be married.

MARRIED: Recently, Miss Lois Kelly (O.H.L., 1930) to Mr. Thomas Scott.

DISTRICT 1

LONDON: The following members of the nursing staff of the Westminster Hospital have been awarded the King's Jubilee Medal: Miss Charlotte Ross, matron of the Hospital; Miss E. Bagshaw, Miss E. J. Deyman, Miss S. S. Livingston, Miss B. Popham, Miss F. Chandler, Miss O. Clarke, Miss A. Rattray, Miss E. Lane.

SARNIA: The following marriages have taken place recently: Miss Ella Dickie, to Mr.

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Albert Rumble; Miss Jennie Pinkerton to Mr. Donald McLellan; Miss Lillian Poulton to Mr. Francis Scott.

MARRIED: On September 18, 1935, Miss Elda Mae Shaw to Mr. James Edward Harrington.

DISTRICTS 2 AND 3

BRANTFORD: Miss Edna Squires, supervisor of public health nursing for this district, has been visiting the various departments in the city and county during the past few weeks. Rev. Mr. M. Johnson was the guest speaker at a recent meeting of the graduate staff nurses of the Brantford General Hospital; his topic was "Calm Competency." Miss Isobel McIntosh, who has been home on furlough, sailed recently for China.

MARRIED: On Nov. 30, 1935, Miss Florence E. Berry (B.G.H., 1929) to Mr. W. Howarth.

KITCHENER-WATERLOO HOSPITAL: The Alumnae Association of our School of Nursing has held regular meetings throughout the year and we have been fortunate in having some interesting addresses from our guest speakers. Miss Hewitt described her work at a Red Cross Nursing Outpost; Dr. D. W. Whaley, of Kitchener, spoke on "Specific therapy for certain infectious diseases"; Dr. R. G. Ratz, of Kitchener, spoke on "Normal delivery"; Miss Jean Whiteford, supervisor of the Victorian Order of Nurses in Kitchener, gave an extremely interesting history of the work of the Victorian Order of Nurses for Canada.

Miss Kuegler (K.W.H., 1918) recently joined the supervising staff of the Kitchener-Waterloo Hospital.

MARRIED: On June 25, 1935, Miss Eleanor Hudgins to Mr. Adaskin.

MARRIED: On September 28, 1935, Miss Grace Randall to Mr. N. Hachborn.

MARRIED: On June 1, 1935, Miss Mildred Shroeder to Mr. C. Goodman.

MARRIED: On June 8, 1935, Miss Elsie Trowse to Dr. J. O' Brien.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: The annual bazaar, sponsored by the Alumnae Association was held recently; three hundred dollars was realized for the Mutual Benefit Fund.

MARRIED: On November 7, 1935, Miss Gertrude Horshmant (H.G.H., 1935), to Dr. J. K. McGregor.

MARRIED: In November, 1935, Miss Marian Gemmell (H.G.H., 1928), to Mr. Mosher.

MARRIED: On November 7, 1935, Miss Josephine Strachan (H.G.H., 1929), to Mr. Frank Smith.

DISTRICT 5

TORONTO: The regular fall meeting of District 5, R.N.A.O., took the form of a dinner held on Dec. 5, when one hundred and ten members sat at small tables and forty or fifty more joined the group for the after-dinner speeches. Miss P. B. Austin, chairman of the district, presided, and at the head table were Miss Marjorie Buck, president of the R.N.A.O., Miss Jean Gunn, O.B.E.; Miss E. McP. Dickson, who were the three speakers. Others at the head table were Miss Florence Emory and Miss Mary Millman, past presidents of the association; Miss Jean Church of Ottawa, chairman of the national and provincial private duty sections; Miss Ella Jamieson, and three original members of the Graduate Nurses Association of Ontario which was organized in 1904; these were Mrs. Godson, formerly Miss Louise Brent; Miss Kate Mathieson and Miss Josephine Hamilton, its first secretary-treasurer.

In speaking on "The History of the Registered Nurses Association of Ontario," Miss Dickson paid tribute to the contribution these pioneers had made to the Provincial Association and spoke feelingly of Miss Jamieson's tactful assistance in the struggle for nurse registration. Miss Dickson thought it a happy coincidence that the members should hear of past accomplishments and future plans just one day after the tenth anniversary of the enactment of registration for nurses. Miss Gunn gave an interesting account of the International Council of Nurses explaining the functions of some of the twelve standing committees, and some of the difficulties arising out of differences in language, currency and control of the professional organizations of the fifty-six affiliated countries. Miss Gunn attended a meeting of the I.C.N. Executive held at headquarters at Geneva last summer and her address was both vivid and interesting. Miss Marjorie Buck, speaking on the "Aims

and Objectives of the Association," outlined the work of some of the committees which are conveying the nursing needs of the province and attempting to interpret to the public the interest of the nursing group in making nursing care possible for all classes.

HOSPITAL FOR SICK CHILDREN, TORONTO: Miss Jean Masten (H.S.C., 1930) has resumed her duties as supervisor of the out-patient department after successfully completing her course at Bedford College, London, England. Miss Shuttleworth (H.S.C., 1930) has resigned her position in the out-patient department, and Miss Isobel Chester (H.S.C., 1931) has been appointed assistant supervisor in the out-patient department. Miss Marjorie Russell (H.S.C., 1923) is in charge of the private patients floor, and her assistants are: Miss Clayton (H.S.C., 1934), Miss Pickard (H.S.C., 1934), Miss Norah Crozier (H.S.C., 1934). Miss Ann Ingham (H.S.C., 1921) is assistant supervisor, and Miss Hazel Ovens (H.S.C., 1932) is night supervisor at Thistletown. Miss Hazel Hughes (H.S.C., 1922) is in charge of the surgical ward for babies. Miss Doris Atherton (H.S.C., 1935) is operating room night supervisor, and Miss Goldrign (Scott Memorial Hospital, Seaforth) has joined the day staff of the same department as second assistant. Miss Marjorie Jenkins (H.S.C., 1924) has been appointed superintendent of nurses in the Children's Memorial Hospital, Montreal. Miss Louise Belmare (H.S.C., 1918) is in charge of the children's department in the Ottawa Civic Hospital. Miss Eleanor Atkins (H.S.C., 1933) is nurse in charge of the children's department in the Kingston General Hospital. Miss Ann Akey (H.S.C., 1933) has been appointed night supervisor in the Children's Hospital, Detroit, Mich. Miss Frances Setchell (H.S.C., 1934) has been appointed to the operating room staff of the Montreal General Hospital.

MARRIED: On Oct. 5, 1935, Miss Edith Wilson (H.S.C., 1927) to Mr. J. C. Perkin.

MARRIED: In October, 1935, Miss Ruth Lewis (H.S.C., 1934) to Dr. O. L. Stanton.

MARRIED: Recently, Miss Kathleen McComb (H.S.C., 1934) to Mr. Ralph Standish.

MARRIED: Recently, Miss Frances Heywood (H.S.C., 1934) to Mr. Robert Cummins.

MARRIED: Recently, Miss Margaret J. Johnston (H.S.C., 1933) to Mr. J. T. Parks.

MARRIED: Recently, Miss Katharine Stone (H.S.C., 1932) to Dr. Gordon A. Sinclair.

MARRIED: Recently, Miss Margaret Ryan (H.S.C., 1933) to Mr. Donald M. Cameron.

MARRIED: Recently, Miss Audrey Walker (H.S.C., 1930) to Mr. Leslie Juanbury.

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MARRIED: Recently, Miss Helen Fisher (H. S.C., 1930) to Mr. Donald F. Bray.

MARRIED: Recently, Miss Grace Richardson (H.S.C., 1929) to Mr. Herbert Leek.

MARRIED: Recently, Miss Ida Dike (H.S.C., 1929) to Mr. Alan Hopkins.

MARRIED: Recently, Miss Edith MacDonald (H.S.C., 1928) to Mr. F. Benjamin.

MARRIED: Recently, Miss Helen Darnley (H.S.C., 1923) to Mr. R. W. Margee.

MARRIED: Recently, Miss Sue Smythe (H. S.C., 1916) to Dr. Charles C. Brown.

TORONTO: St. John's Hospital. Miss Hilda MacIlroy (St.J.H.) left recently for North China under the auspices of the Anglican Church Mission Board; after spending some time at the College of Study she will resume her duties as a nurse in one of the hospitals.

MARRIED: In June, 1935, Miss May Vickers (St.J.H.) to the Rev. Alfred E. Owen.

DISTRICT 8

OTTAWA: A meeting of District 8, R.N. A.O. was held at the Ottawa Civic Hospital on Nov. 7, with Miss Blanche Anderson presiding. One hundred and seven members were present. A demonstration of nursing technique of some of the newer treatments was given by Miss Gertrude Ferguson. An instructive address on "The newer aspects of X-Ray examinations as they relate to nursing" was given by Dr. R. K. Paterson, radiologist of the Ottawa Civic Hospital. Major D. L. McKeand addressed the evening meeting and gave an interesting talk on "Canada North of the Provinces."

OTTAWA: Lady Stanley Alumnae Association. Mrs. G. C. Bennett and Mrs. W. E. Elmitt were joint hostesses recently to the Alumnae Association upon the occasion of the annual meeting. Satisfactory reports were received from all branches. The election of officers resulted as follows: Honorary president, Miss M. A. Catton; honorary vice-president, Miss Florence Potts; president, Miss M. C. Slinn; vice-president, Miss M. McNeice; secretary, Mrs. A. E. Mahood; treasurer, Mrs. N. M. Halkett; flower convener, Miss C. Stewart; press convener, Mrs. W. E. Elmitt; representative to *The Canadian Nurse*, Miss A. Ebbs; directors, Misses E. McColl, S. McQuade, L. Belford and M. M. Stewart.

DISTRICT 9

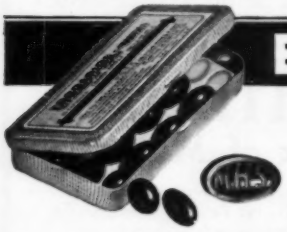
GRAVENHURST: At a recent meeting of the Gravenhurst Chapter, Miss Dorothy Coade presented the report of the district annual meeting, and Miss Adelaide McKnight presented an interesting paper on "Medicine in Russia." A social hour followed.

HAILEYBURY: At a recent meeting, the chairman, Miss H. E. Smith, presented the report of the district annual meeting, including a paper given by Dr. Faustine K. Cooke, and a résumé of Miss MacIntosh's address. Plans for raising the Chapter's quota for the permanent education fund were discussed.

HAILEYBURY: The Haileybury Branch of District 9, R.N.A.O., held their monthly meeting on Nov. 16, at Cobalt. Following the meeting, our social convener, Mrs. S. Shepherd, arranged a dinner preceding a theatre party. A pleasant evening was spent by us all.

MARRIED: On September 18, 1935, Miss Irene Mabel Plaunt (O.C.H., 1931) to Mr. John Lowrey Taylor.

SAULT STE. MARIE: At a recent meeting of the Soo Chapter held in the General Hospital with twenty-six in attendance, the secretary, Miss Rossie Densmore, presented a report of the district annual meeting. A reading, "Why They Stay Away" from the October issue of *The Canadian Nurse*, was given by Miss Carter. The chairman, Miss E. Gordon, asked the membership committee to make a special plea to the hospital superintendent to insure that



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each nurse graduating would become a member of the R.N.A.O. Following the meeting a social hour was spent when Mrs. Arthur Pinkey, formerly Miss Helen VanKoughnet, was presented with a gate-leg table, and Mrs. Balmore, formerly Miss Beatrice Hitchcock, a cream and sugar service in Spode.

TIMMINS: At a well attended meeting of the local Chapter, a committee was appointed to conduct a campaign for subscriptions to *The Canadian Nurse*, Miss Burke being appointed convener. Miss Cunningham, a member of the Collegiate teaching staff, gave a most interesting talk on her Mediterranean cruise.

DISTRICT 10

PORT ARTHUR: The regular meeting of District 10, R.N.A.O., was held on Nov. 8 in the Port Arthur General Hospital, with a large attendance. The meeting was devoted to public health and one of the high lights was a clever skit entitled "A visiting nurse interviews a T.B. case", put on under the direction of Miss Edna Howey, supervisor of the provincial Department of Health, assisted by two public health nurses. Papers were given by Miss Dorothy Adams on Red Cross nursing; Miss Chivers-Wilson on Metropolitan nursing and Miss Buss on tuberculosis nursing. Refreshments were served by the graduate staff of the Hospital.

PORT ARTHUR: Under the capable leadership of Miss Edna Howey, supervisor from the provincial department of health, Toronto, a pleasant and educational regional luncheon and conference of public health nurses, was held on Nov. 16. A round-table conference was held under the supervision of Miss Howey, who outlined the objects of the gathering. Dr. J. A. Crozier, acting medical officer of health, gave a talk on preventable diseases, after which papers were given by the following nurses: Miss Theresa Gerry, Fort William, on "Public health nursing and infant welfare"; Miss Margaret Nealon, Fort William, on "Organization of the nursing service in a new area"; Miss Isabel Corrigan, Dryden, on "Red Cross nursing in rural districts." Miss Chivers-Wilson, Metropolitan nurse, gave a demonstration of bag and thermometer technique; Miss Gertrude Sinnemore, Atikokan, gave a talk on the international conference of nurses; Miss Sanderson, of Jellicoe, gave a brief outline of the work in the Red Cross car now located there.

PORT ARTHUR: A delightful ball was given recently under the auspices of District 10, R.N.A.O. The committee in charge were: Miss Gladys Young and Miss May Hamilton, general conveners; Miss Ruth Garland and

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Miss C. Chivers-Wilson, in charge of refreshments, and Miss Wilson and Miss T. Graham in charge of tickets.

QUEBEC

JEFFERY HALE'S HOSPITAL: The graduation exercises of the School of Nursing were held recently when an interesting address was given by Dr. Parmlee. Mrs. C. Thompson pinned the emblem on each member and Mr. Whitehead presented the diplomas. The new graduates are Miss J. Colton, Miss V. Wrye, Miss Cochrane, Miss M. Green, Miss F. Smith, Miss H. Woolley, Miss Rawland, Miss E. Smith, Miss E. Cruickshank and Miss G. Lusby. Following the exercises, a reception was held when Miss E. Jack and Miss D. Ross presided at the tea table.

On Remembrance Day Mrs. C. Young (N/S C.A.M.C.) paid tribute to the memory of comrades by placing a wreath on the Cenotaph.

Miss R. Read (1934) and Miss M. Allison (1934) have accepted positions on the staff of Joyce Memorial Hospital, Shawinigan Falls, P.Q. Miss M. Rawland (1935) has succeeded Miss Doddridge as supervisor of D. & K. Miss H. Woolley (1935) has succeeded Miss Read as supervisor of O.S.P.

MARRIED: On October 5, 1935, Miss B. Mahan (J.H.H., 1929) to Mr. G. Kruse.

MARRIED: On June 3, 1935, Miss G. Martin (J.H.H., 1926) to Dr. W. Pfeiffer.

MARRIED: On June 24, 1935, Miss H. Riglar (J.H.H., 1932) to Mr. K. King.

MARRIED: In July, 1935, Miss O. Smith (J. H.H., 1933) to Mr. J. Frodsham.

MARRIED: On October 5, 1935, Miss D. Wheeler (J.H.H., 1931) to Mr. E. Parrott.

SASKATCHEWAN

REGINA: Miss Nellie G. Fitch (R.G.H.), winner of the 1934 Carss Scholarship, and Myrtle A. Main (R.G.H.), winner of the 1935 Carss Scholarship, have both registered in the 1935-1936 course for instructors at the School for Graduate Nurses, McGill University. The following staff appointments have been made in the Regina General Hospital: Winnifred Wall(Children's Hospital of Winnipeg,1933), supervisor in pediatric ward; Isabel M. Sivell (R.G.H., 1934), assistant night supervisor; Doris J. Bagg (R.G.H., 1935), night supervisor in obstetrical ward; Marion I. Thompson (R.G.H., 1935), supervisor, cancer ward; Eva L. Stephens (R.G.H., 1935), supervisor, semi-private wards.

REGINA: One hundred and twenty-eight dollars was realized from the recent raffle sponsored by the Regina branch of the Saskatchewan Registered Nurses Association. The circulation campaign for *The Canadian Nurse* has been organized throughout the province.

SASKATOON CITY HOSPITAL: Dr. F. Hoffman addressed the November meeting of the Alumnae Association giving an interesting description of the Hungarian architecture, folklore and dances. He referred to the different language groups (Slavic, Ukrainian, Roumanian, German and Servian) who are Hungarian citizens and described the life of Hungarians resident in rural Saskatchewan.

The annual dance of the Saskatoon City Hospital Alumnae Association was held recently. Lending their patronage were: Mrs. R. O. Hodgson, Miss E. Amas and Miss A. Ferguson. Miss Jean Stevenson (S.C.H., 1935) has accepted a position on the staff of the Anne Turnbull Hospital, Wakaw, Sask. Mrs. Morish (B. Thrasher, S.C.H., 1921) of Arizona, visited friends in Saskatoon recently.

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OVERSEAS NURSING SISTERS ASSOCIATION

CALGARY: On November 11, the anniversary of the Armistice was celebrated in Calgary. In spite of cold weather a number of the members of the Overseas Nursing Sisters, Calgary Unit, attended the service held in the Calgary Armouries. A forceful and appropriate address was delivered by Archdeacon Swanston, of St. Stephen's Church, Calgary. In the afternoon the Unit met for tea, about twenty-seven members attending. Miss A. Froelich, president, and Mrs. Train Grey, poured tea.

HALIFAX: The annual reunion of the Nova Scotia Unit of the Overseas Nursing Sisters Association was held on Nov. 11. The guest speaker was Col. L. H. MacKenzie, of the Canadian Legion, who told of the plans for the 1936 Canadian Legion pilgrimage to Vimy. Other speakers were Miss Margaret MacDonald, Canadian matron-in-chief; Miss Elizabeth Smellie, Chief Superintendent of the Victorian Order of Nurses, and Miss Winnifred Dawson, eastern supervisor, V.O.N. Miss Marion Haliburton was re-elected president.

REGINA: The Regina Unit of the Nursing Sisters Association held a successful tea recently at the home of Mrs. S. R. Parker.

VANCOUVER: The Vancouver Unit of the Overseas Nursing Sisters Association recently held its annual Armistice dinner with the president, Mrs. John Rose, presiding. Miss Laura Hubley, R.R.C., former matron of No. 7 Stationary Hospital (Dalhousie Unit) overseas, and since her return to Canada a member of the permanent nursing staff of the C.A.M.C., stationed at London, Ont., was guest of honour, and seated with her at the head table were Mrs. John Rose, Miss Jean Matheson, matron of Shaughnessy Military Hospital; Miss Ethel Grey, Miss Laura Holland, O.B.E., past president; Miss Mary McLane and Miss E. V. Cameron. A telegram conveying the good wishes of the American Legion nurses at Portland was read by Miss Jane Johnstone, who expressed regret at the absence of several members because of illness, particularly the secretary-treasurer, Mrs. J. M. Brough. Out-of-town guests included Mrs. Donald MacKenzie, Mrs. T. G. Norris, Miss Grierson, Miss Goldburn and Miss L. Sanders, and Miss Learned. Mrs. Isabel MacKenzie (N/S I. M. Lord) has arrived from Shanghai, China, and will spend a year's furlough in Canada and the United States. She is at present with her sister in New Westminster, B.C.

WINNIPEG: The Manitoba Unit of the Nursing Sisters Association held their eleventh Armistice Day tea when the guests were received by the president, Miss Emily Parker. The honour guests were: Mrs. R. H. Webb, Mrs. Richards, Colonel Burnside of the Hussars, Colonel Niven of the P.P.C.L.I., Colonel Webb, Chaplain Major Carruthers and Lieutenant White, K.R.R., India. Among the nursing sisters in attendance were: Miss Timlick, Mrs. A. Crealoch, Mrs. C. W. Davidson, Miss A. Andrews, Mrs. C. Morrison, Mrs. Stella Kerr, Miss A. C. Starr, Mrs. W. Thomas, Miss A. Blais, Miss H. Shannon, Mrs. D. Macdougall, Mrs. S. Shearer, Mrs. A. Lee, Miss A. Canning, Mrs. Fletcher Argue, Miss M. Meehan, Miss L. N. Gray, Miss G. Billord, Mrs. W. Mander, Mrs. A. Clissold, Mrs. E. De-Pencier, Miss E. Gann, Miss Ruth Pollexfen, Miss S. Pollexfen, Mrs. Cowan, Miss N. O'Shaughnessy, Mrs. E. Horton, Miss N. Veal, Mrs. T. H. Cuddy, Miss P. Paul, Miss A. Brockway, Mrs. A. Harris, Mrs. W. Hannah, Miss A. Harris, Miss O. Coad, Miss J. McDonnell, Mrs. R. E. Abbott, Miss Child, Mrs. McKenzie, Mrs. Cameron, Miss J. Roberts and Mrs. Hamblin.

OBITUARY

MINHINNICK—The death occurred recently of Alice Walker (Mrs. W. H. Minhinnick), a member of the class of 1899 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. Minhinnick, during her active professional career, rendered valuable service as night supervisor in the Hospital for Sick Children.

WILLIAMS—The death occurred recently in Chengtu, China, of Mrs. (Dr.) T. H. Williams, formerly Miss Kate McKellar (Winnipeg General Hospital, 1925). Dr. and Mrs. Williams were serving at a Mission Hospital under the auspices of the United Church of Canada. She is survived by her husband and two small children.

. . . OFF . . . DUTY . . .

All living things . . . have a sense of time and season . . . This profound philosophical reflection . . . arises out of the fact . . . that we have just written . . . January, 1936 . . . for the first time . . . a little prematurely, of course . . . but editors must live in the future . . . or else they couldn't stand the life . . . From our earliest youth . . . we have been fascinated . . . by the devices men make . . . to measure time . . . When we were very young . . . we used to play hide and seek . . . amongst a strange group of immemorial stones . . . on a Welsh hillside . . . They stood in a ring . . . half covered by ferns and heather . . . and were called "The Druids' Circle" . . . Three of them were so placed . . . that they measured time . . . and according to the precession of the Equinoxes . . . the rays of the sun . . . fell between them at a certain angle . . . They were a sort of sundial . . . but they measured seasons . . . not days . . . As we have grown older . . . we have never quite lost . . . that childish sense of wonder . . . and even yet, whenever a sundial . . . meets our gaze . . . we hasten to investigate . . . Not so very long ago . . . in a lovely English garden . . . drenched with colour and perfume . . . we came upon this sinister warning . . . "It is later than you think" . . . Those words were carved upon the base . . . and though the sun was warm . . . on the mellow gray stone . . . we shivered a little . . . Then last summer . . . we saw a brand new sundial . . . of Tyndall stone quarried in Manitoba . . . and set at the end of what in Elizabethan days . . was called a pleached alley . . . One came to it . . . by a pathway of stones . . . sunk in the turf . . . with little plants sprouting up between . . . This dial was placed there . . . by a man in memory of his friend . . . Its base goes far down to bedrock . . . so that through the centuries . . . it will stand foursquare . . . and measure time . . . when the two friends are no more than a handful of dust . . . It was made low on purpose . . . so that little children . . . might look . . . at the brass plate . . . which tells how to translate . . . sun time into ordinary time . . . And this dial had an inscription too . . . "Time conquers all . . . and time we must obey" . . . We never expect to possess . . . a sundial of our very own . . . but we have invented . . . a sort of substitute . . . Our office has a grand view . . . but faces almost directly north . . . so that from one year's end to another . . . we never get more than a single ray . . . of direct sunlight . . . During our first winter in Montreal . . . we began to notice . . . how the slender pencil of light . . . broadened and crept along . . . as the spring came slowly up this way . . . Then we got to the point of making cabalistic signs . . . on the wall . . . so as to measure its progress . . . from week to week . . . So far these have escaped . . . the eagle eye of our efficient janitor . . . but in case he spots them . . . we have taken "sights" . . . as they say in nautical circles . . . so that they may be replaced . . . and we be still reminded . . . "It is later than you think" . . .

SNAKE VENOM

SISTER E. A. WORBY, S.R.N., Presidency General Hospital, Calcutta.

We visited Haffkine Institute. Here we saw how snake venom was extracted. We were first shown into a large hall which contained several glass cases with snakes in them. Also there were several others in small tin boxes, with glass fronts. These boxes were arranged underneath the large glass cases. I was surprised to see so many cobras varying from dark to quite light shades of brown. Some were quite black, and yet another was almost a flesh pink colour. There were 67 cobras and 62 vipers. It was a very black, angry but handsome cobra, with evil little black beady eyes, which was first taken out for demonstration. An Indian boy, who had the reputation of never have been bitten, was deputed to open the box lid of this black cobra and catch him. He was most swift and deft in all his actions. The cobra was caught up by the tail, quickly, with a forward flinging action placed at length on the floor; as quickly, with a small rod in his left hand, he ran this along the snake's back to the neck, where he placed pressure, and quickly released his tail and caught the snake with his right hand, by the back of his neck in such a way as to make him open his jaws wide.

A wineglass with oilskin tied over the top was then placed between the snake's jaws. He immediately gripped the top and bottom of the bowl of the glass—in so doing, the fangs pierced the oilskin and we saw a thick yellow mid-straw coloured fluid, about ½ drachm, drip into the glass. After this ejection of venom, the snake was fed with an egg-flip mixture—he was given about a wineglassful through a funnel, shaped like a wineglass at the top, with an extra long tube instead of stem and stand, this tube end was placed down the snake's throat and the measureful of egg and milk mixture run down through it into him—no tasting allowed! Then the attendant with encircled left hand fingers around the snake's body, stroked him down to better enable him to keep his feed down. We were informed that whenever venom is extracted from a snake, he is always fed in this way. Ordinarily the snake's just get one rat each, a week. Cobra venom acts principally on the nerve centres, and causes death by paralysis and suffocation, it has little action on the blood which remains liquid after death. Cobra venom destroys cancer in mice, and there are good grounds for believing that before long it will be used for the cure of cancer in man.

After this we were shown the Russell's viper who buzzed and sizzed making a sound as if there were a terrific escape of gas going on. The noise rose and fell for quite a time. At last the boy seized his opportunity and picking this snake out of the box in exactly the same way as the cobra and held him by the back of his neck. The poison extracted, he, too, was fed and placed back in his tin box, the crescendo and diminuendo sounds of "escaping gas" continued for quite a long time.

It is generally believed that the tongue of the snake is poisonous. This is an error. The tongue, in snakes, is harmless and is used as a sort of feeler to receive vibrations like the beetle's antennae or a cat's whiskers. By means of its tongue the snake somehow apprehends danger, investigates, and satisfies itself whether all is well.

Editor's Note. These excerpts are taken from an interesting and informative article by Sister E. A. Worby on the work of the Haffkine Institute, which appeared in the September issue of *The Nursing Journal of India.*

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District 10, Registered Nurses Association of Ontario

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections: Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative* to *The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Marcelin, Rév. Soeur Valerie de la Sagesse, Mademoiselle Charlotte Tassé; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (English), Miss M. L. Moag, Victorian Order of Nurses, 1246 Bishop St., Montreal; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss C. M. Ferguson, Alexandra Hospital, Montreal; Hon. Treasurer, Miss M. E. Nash, V.O.N., 1246 Bishop St., Montreal. *Other Members:* Miss Mabel K. Holt, Miss Marion Lindeburgh, Miss Esther Beith, Mademoiselle Alexina Marchessault, Miss Eileen C. Flanagan; *Conveners of Sections: Private Duty* (English), Miss Ruby Cochrane, Maplehurst, Summit Circle, Montreal; *Private Duty* (French), Mademoiselle Juliane Labelle, 324 Carré St. Louis, Montreal; *Nursing Education* (English), Miss Edith Buchanan, Royal Victoria Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Augustine, Hôpital St. Jean-de-Dieu, Gamelin; *Public Health* (bi-lingual), Miss M. E. Carey, 4307 Montrose Ave., Westmount. *Board of Examiners:* Miss Olga V. Lilly (Convener), Royal Victoria Montreal Maternity Hospital, Miss Katherine MacN. MacLennan, Alexandra Hospital, Montreal, Miss Ethel Sharpe, 43 Windsor Ave., Westmount, Mlle Edna Lynch, 4642 rue St. Denis, Montreal, Mlle A. Marie Anysie Deland, Institut Bruchési, Montreal; Mlle A. Marchessault, 3256 ave Lacombe, Montreal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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Edmonton Association of Graduate Nurses

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Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss A. J. MacLeod, Vancouver General Hospital; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss D. L. Webster, 6207 Balaam St.; Treasurer, Miss L. Archibald, 536 West 12th Ave.; *Council:* Misses K. Sanderson, M. Ewart, F. H. Walker, E. Barry, Mrs. A. G. Westman; *Committee Conveners: Finance*, Miss M. I. Teulon; *Programme*, Miss E. V. Cameron; *Membership*, Miss M. Dutton; *Visiting*, Miss J. Johnston; *Directory*, Miss M. Ogilvie; *Social*, Miss G. Currie; *Representatives:* to *the Press*, Miss G. Archibald; to *Local Council of Women*, Miss M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgens; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian Nurse*, Miss H. Durant, 42 Main St. East; *Committee Convener: Social and Flower*, Mrs. G. Mulligan.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative to The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

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MANITOBA

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A.A., Misericordia Hospital, Winnipeg

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eral Hospital; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

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ONTARIO

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A.A., Brockville General Hospital, Brockville

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